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ABSTRACT

The teacher of reading can be a diagnostician if the term "diagnostician" is defined appropriately and if the teacher has the knowledge, the facilities, and the skills necessary to make diagnostic teaching work. A diagnostic teacher needs a comprehensive acquaintance with the objectives of reading instruction. He or she should be familiar with the specific knowledges and skills expected to be mastered at many levels of the reading program and should have at hand detailed lists of those objectives for ready reference. In addition the teacher needs an acquaintance with a good sampling of materials that may be useful in a diagnostically oriented reading program. These include basal readers and their guides over a wide range of reading levels, related workbooks, independent workbooks for specific skills, boxed multilevel materials of the kit or laboratory type, audiovisual hardware and software combining records with printed material, and commercially available reading games, as well as teacher-constructed materials. Also, the diagnostic teacher of reading needs school support, the ability to determine pupil needs and abilities, the ability to organize a class for instruction, an efficient record keeping system, and the ability to motivate students. (WR)

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CAN THE TEACHER OF READING BE A DIAGNOSTICIAN?

A paper delivered at the International Reading Association Convention in New Orleans, May 2, 1974

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For nearly forty years the idea that a reading classroom can be a place where each child can be developing the particular reading skills that he needs has been a dream of some reading specialists. In 1938 Luella Cole (1) described a reading classroom in which as a child came in, he took an exercise from files, sat down and worked on it, then got an answer key and corrected it. When a child finished a series of exercises the teacher checked his mastery of the skill, then gave him a new assignment. The teacher did little direct teaching, but rather decided what kinds of practice each child needed, assigned practice material, checked on progress, helped children over trouble spots, and supplied motivation and enthusiasm.

For the most part this dream failed to catch on. Until the mid-1950's, those who advocated individualized reading tended to follow the Willard Olson pattern which stressed seeking, self-selection, and self-pacing; the child looked for reading material, chose it himself, and went through it at his own rate. Skills teaching tended not to be emphasized in such individualized classrooms, and while good readers often made excellent progress, the direction and specific help that poor readers needed was often lacking.

During the 1950's the tide turned. Research had demonstrated that the laissez-faire type of individualized reading generally produced no better results than the basal readers which its advocates severely criticized. The development of programmed instruction spurred the production of self-teaching, self-marking materials. Attempts to apply

the systems concept to reading instruction began to appear. In these, newer forms of individualized instruction appeared in which the emphasis was on the mastery of skills; systems such as Individually Prescribed Instruction, the PLAN Sysytem, and the Wisconsin Reading Design. In 1964 Ruth Strang's book Diagnostic Teaching of Reading (4) was published. Since then, other books have appeared which have stressed a diagnostic approach to reading instruction, notably those by Gustak (2) and L.A. Harris and Smith (3).

At this point a preliminary answer to the question posed in the title of this paper can be given. Can the teacher of reading be a diagnostician? Yes, if -- if the term diagnostician is defined appropriately, and if the teacher has the knowledge, the facilities, and the skills necessary to make diagnostic teaching work. For a truly diagnostic classroom is quite different from the typical classroom of today.

What kind of diagnostician should a classroom teacher of reading be? Not a psychologist or psychiatrist, but able to recognize the possibility that a particular child's erratic learning may be due to an emotional disturbance that needs intensive study. Not a neurologist nor an opthalmologist nor a hearing specialist, but sensitive to the presence of behavior that suggests the desirability of referral for professional examination in one of these areas. The reading teacher should know enough about the causation of reading disabilities to be able to suspect interfering handicaps and to refer for professional diagnostic study when necessary. But when it comes to the analysis of the child's reading performance so as to determine the skills he needs and how he may best be taught, the reading teacher should be the diagnostician.

What does the diagnostic reading teacher need to know?

In the first place, while it is possible for a classroom teacher who knows little about reading to follow a basal reader guide and get reasonable results, a diagnostic reading teacher needs a comprehensive acquaintance with the objectives of reading instruction. He or she should be familiar with the specific knowledges and skills expected to be mastered at many levels of the reading program, and should have at hand detailed lists of those objectives for ready reference. The teacher should understand the difference between outcome objectives, usually called behavioral or performance objectives because they are formulated in terms of what the child who has mastered the objective can do, and process objectives, which describe what the teacher can do to help children to achieve the behavioral objectives.

In the second place, the teacher needs an acquaintance with a good sampling of the wide variety of materials that may be useful in a diagnostically oriented reading program. These include basal readers and their guides over a wide range of reading levels, related workbooks, independent workbooks for specific skills, boxed multi-level materials of the kit or laboratory type, audio-visual hardware and software combining recordings with printed material, and commercially available reading games, as well as teacher-constructed materials. The teacher also needs to know where to find or how to construct the many criterion-referenced mastery tests needed to exaluate each step of progress.

In the third place, the teacher needs an understanding of the steps necessary to start a diagnostically orineted program and to run it with reasonable effectiveness. In addition to knowledge which can be gained through reading, it is almost essential to have a principal, reading supervisor, or consultant who can help the teacher in the difficult planning stage and help to solve specific problems as they arise.

What does the diagnostic reading teacher needs to have?

Materials. The brief listing of the kinds of learning and testing materials with which diagnostic teachers should be acquainted also indicates in broad terms what they need in order to do a good job. In addition to conventional readers and workbooks covering a wide range of reading levels, the diagnostic classroom needs materials which do not require direct instruction or correction by the teacher. They may include programmed materials, self-checking workbooks that use chemically treated paper to show if a response is right or wrong, exercises with answer keys usable by pupils, exercises with recorded directions and scoring instructions, picture-word and picture-phrase cards, and so on. Stories or whole books can be put on tape by the teacher so that children can read along while they listen, preferably through earphones. Instruments like the Language Master (Bell & Howell) allow a child to look at a printed word, hear the spoken equivalent, record his own response on another trial, and then compare the two responses. And, of course, every reading classroom should have a library corner. Projection equipment dresses up the room but does not add much to teaching effectiveness.

System. Materials are not very helpful if the teacher is not systematic. Many hours need to be spent on classifying materials, coding them by type and difficulty level, and filing them so that they are easily accessible to pupils and teacher. More hours are required to prepare and arrange the self-checking tests for pupil use and the mastery tests which the teacher will use. Still more hours must go into developing and maintaining a record-keeping system.

In some systems approaches to reading instruction the teacher's burden is lightened by providing machine scoring or computer scoring and recording of test results. This is a doubtful blessing, since counting errors does not tell us why the errors were made, while a teacher's inspection of the kinds of errors, supplemented by asking the child how he arrived at that response, may pinpoint a particular confusion that can be readily cleared up once it is recognized. If one assigns more practice of the same kind, without getting at the nature of the child's difficulty, the child may get only more practice in making wrong responses, and at the same time may become increasingly discouraged. Aides or volunteers can do some of this testing if trained for it.

Support. The teacher who wants to become a diagnostic teacher needs the encouragement and approval of the school principal perhaps more than anyting else. With such support the teacher can hope to assemble enough of the kinds of materials needed to make a diagnostic approach feasible. With it he or she can forge ahead, reassured that the mistakes of inexperience will not be taken too seriously. With it he or she can expect support in presenting the idea to parents and

colleagues. With it the chances of getting other teachers to join in are much greater. Without it, the teacher may well conclude that discretion is the better part of valor.

Drive and Commitment. The amount of work and time required to get ready for diagnostic teaching and to get such a program into operation are such as to discourage those who lack a real commitment to the idea

A Model. As in so many other arts, the opportunity to study a model in actual operation is invaluable. Visitation to classes already functioning diagnostically can be in person, or by means of teaching films or video tapes.

What skills does diagnostic teaching require?

Determining pupil needs and abilities. Although textbooks on the teaching of reading have been explaining the concepts of independent reading level, instructional reading level, and frustration reading level for many years, teachers are far from expert in deciding on the proper instructional levels for their pupils. In general they tend not to hear all of the miscues made, and to overestimate the child's best instructional level far oftener than they underestimate it. When in doubt, assign the lower level of difficulty. One needs to sharpen one's perceptions of children's reading efforts. It is an excellent idea to record the child's reading on tape and to analyze it later in peace and quiet. It is still better if several teachers listen to the same recorded performance, make their independent records and evaluations, and compare. The same is true of oral tests of word identification and phonic knowledge. If it is not practicable to take a course on reading diagnosis, continuing efforts to record accurately and interpret correctly will usually bring gradual improvement,

especially when done with other teachers. When pupils have trouble with a written or objective test, asking them how they got their answers can be very rewarding. Learning to perceive and understand pupil errors is a subtle collection of skills than cannot be learned all at once.

Organizing the class. A teacher who wishes to move into diagnostic teaching is well advised to do so one step at a time. A first step might be relieving the high group of some of the exercises which they do not need, and allowing them to use the time made available in free reading, work on a project, or tutoring a classmate with more limited reading skills. Starting with the top group makes individualization something to be prized and sought after. A second step might be replacing around-the-group oral reading of the low group with children reading to each other in pairs. Even when the pairs are buddies with approximately equal reading skills overall, they usually do not have trouble with exactly the same words. Perhaps pairs with equal skills can be alternated with pairs involving members of the high and low groups. Once the high and low groups have become accustomed to new procedures, some changes can be made for the middle group. During the month or two in which these preliminary steps are taken the teacher should have been working on collecting and organizing materials for individual skills practice, and once these are ready, the top group may again lead the way. The difference between scoring a practice exercise for one's own benefit and taking a test that indicates if a skill has been mastered may take more than an explanation or two. A complete transition to a fully organized diagnostic reading classroom can well take a year or more.

Record keeping. The importance of developing and maintaining a record-keeping system has already been discussed. Digging a comprehensive list of behavioral objectives out of teacher guides which were not written with that purpose in mind can be tedious and very time-consuming. So can the writing of a set of mastery tests, one for each objective. Fortunately some publishers have already begun to provide teachers with lists of objectives book by book and have indicated for each objective a particular workbook or dittoed exercise that can serve as the mastery test for that objective. Several sets of criterion-based mastery tests are now also commercially available.

The teacher's recording system can be made efficient by the extensive use of abbreviations and code symbols, and can be cross-referenced to the behavioral objective, the mastery test, and the exercises that go with it. There needs to be room for qualitative comments and descriptive anecdotes also. A double-page spread will usually take care of the recording needed for one child. In addition it is helpful to have a master check sheet on which one can record the date when each child accomplishes a specific objective. Not all learning has to be done individually in a diagnostic classroom. It the teacher's record shows that seven children all need the same skill, they can be grouped for instruction in that skill and then be given additional group or individualized practice.

The pupil also needs a record of the work he is to do, and of what he has accomplished. This can be worked out a week at a time and can show the stories to be read, the words to be learned, the decoding principles to be mastered, and the comprehension quizzes to be answered. The pupil should have a separate record of independent reading completed.

Motivating. If children are placed at their proper instructional levels and are consistently given things to do which are challenging enough to be interesting but easy enough so that success is usual, the need for conventional discipline diminishes. But all children of every level of ability enjoy having their efforts appreciated, their products praised, and their difficulties treated sympathetically. The diagnostic teacher is the main source of morale for the class as a whole and for each individual child in it. A pat on the back here, a word of praise there, an appreciative comment that a particular task was especially hard, an approving smile -- these are just as vital to the success of a diagnostic teacher as to other teachers.

It would be easy to go on and on in discussing this topic, about which whole books have been written. But time is limited, and there is room left only for a brief review. The focus of diagnostic teaching is not on causation but on the here and now of what the child can and cannot do, what skills he has and what skills he needs, and on matching these understandings with appropriate opportunities for learning. The diagnostic teacher needs to know the scope and sequence of the total reading program. He or she needs to know materials which foster independent learning. He or she requires appropriate materials, a carefully planned system, and support from administrators and supervisors. The diagnostic teacher should be skilled in analyzing pupil needs, in organizing a class for differentiated instruction, in record keeping, and in motivating pupils.

Can the teacher of reading be a diagnostician? Yes, but it is not easy.

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